

13

TWENTY-SIXTH
ANNUAL REPORT
OF THE
DIRECTORS
OF THE
DUNDEE ROYAL ASYLUM
FOR
LUNATICS;
SUBMITTED, IN TERMS OF THEIR CHARTER,

TO A

General Meeting of the Directors,

15TH JUNE 1846.

WITH THE

REPORT OF THE MEDICAL OFFICERS.

DUNDEE:
PRINTED BY M'COSH, PARK, & DEWARS.

Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30315438>

TWENTY-SIXTH ANNUAL REPORT

OF

THE DIRECTORS

OF THE

DUNDEE ROYAL ASYLUM FOR LUNATICS.

FOR THE YEAR ENDING 16TH JUNE, 1846.

THE DIRECTORS, in submitting to the public this their Twenty-sixth Annual Report, have much pleasure in bearing testimony to the improvement and efficiency of the benevolent Institution over which their constituents appointed them to preside.

The Reports of former years have so fully and accurately set forth the design of the Institution itself—the responsibility belonging to its office-bearers—the system of management adopted—and the admirable success with which it has been crowned—that it now becomes difficult, if not impossible, to say any thing on these heads which could in point of effect come up to a simple recommendation of those interesting documents. At the same time, the Directors cannot help expressing the satisfaction which they feel in observing the growing interest which has of late years been excited in regard to the treatment of Lunatics. Not only have the leading Journals of Great Britain devoted a fair proportion of talent and investigation to the subject, but Parliamentary Commissions have been appointed to inspect Asylums for the Insane; and Foreign Governments have not deemed it unworthy of them to send men of professional eminence into this country to make observations on our system, and institute a

comparison of it with their own. Nor can we here refrain from observing, that while our own country was not the first to set an example of judiciously "ministering to the mind diseased," she has, at least, been quick to follow, and overtake, if not even to go beyond, those that first taught her the salutary lesson.

That many abuses still exist in the majority of Hospitals for the Insane, is a fact but too clearly proved from the laborious and valuable investigations made by the Commissioners on Lunacy. Even in Hanwell itself, it is distinctly stated, that "it is difficult to maintain the order, regularity, and subordination which are essential to the good management of a receptacle for the insane." Its disadvantages on the score of situation, &c., and the numerous escapes of its inmates, are such as to shew, that, even in it, "eminently and honourably distinguished as it is among the Asylums of England, there is room at least for very considerable improvement. Of many other establishments, deemed sufficiently well-regulated before this official enquiry was instituted, the reports are at once instructive and appalling. But in regard to these, doubtless, as in regard to other things, exposure will lead to correction; and ultimately the result will be the triumph of science and humanity over ignorance and wrong."

While the Directors of this Asylum, in common with all who feel interested in the welfare of their species, rejoice in the efforts which are being made for the improvement of such institutions, they are particularly gratified in being able to state, that with none of those evils which the Metropolitan commissioners have brought to light is this establishment in any wise chargeable. The unqualified testimony of those who are most competent to judge, has ever been in the highest degree favourable to the judiciousness of the means, both moral and medical, employed in behalf of its inmates. The numerous strangers who come to visit it rarely or never leave its walls without expressing admiration

of the order, the cleanliness, and the cheerfulness that distinguish it. Mr Tuke, of the York Asylum, whose name is almost worthy of being associated with that of Howard himself, and who pre-eminently unites the rare qualities of the coolest judgment and the warmest philanthropy, has not only recorded on the books of this Asylum his high approbation of its management and rules, but has repeatedly, in his valuable introduction to the translation of "Jacobi's Treatise on Hospitals for the Insane," taken occasion to illustrate his arguments and views by a reference to the system here pursued. The second Physician to the Asylum at Siegburg pronounces it fully equal to the best institutions of the kind which he has seen either in this or any other country; and the respected sheriff of the county, (whose judgment and impartiality few will venture to dispute), has borne unqualified attes-tation to its merits.*

But there is a moral testimony which, in the estimation of many, will be esteemed, if not more valuable, at least more affecting than all. Those may well enough convince the judgment; this must of necessity touch the heart. We mean the testimony of patients themselves. When was it ever heard of, that persons, either in the higher or lower walks of life, took pleasure in revisiting or solicited readmission into a place associated in their imaginations with ideas of wretchedness and wrong! Yet it so happens that unexceptionable evidence of the character above referred to is at once abundant and instructive. Not once or twice only, but thirteen times has one patient spon-

* We give Dr Focke's own words: "I have visited this Institution with the greatest interest, and been shewn through it by Dr Mackintosh, who makes the welfare of the patients, and the progress of science, equally his study, and by the matron, Mrs Kilgour, who is more than commonly experienced in all that relates to her department. It is fully equal to the best Institutions of the kind which I have seen, either in this or any other country, and has the advantage of a greater individualization over many of the British asylums. I am happy to add that the manner of the medical visit resembles almost exactly that customary in our Institution, and, like it, proves useful. This manner is necessary for drawing an exact diagnosis, and is but too often neglected in such asylums where external appearance alone is valued."

taneously returned to find refuge and comfort, where before these benefits were experienced. A pauper patient, who had been admitted fourteen years ago, after being discharged, wrought diligently with his own hands, that every farthing expended by the parish on his maintenance might be defrayed. With his own consent he was again admitted as a pauper patient in September last—had a decidedly suicidal propensity—required careful and constant watching for several weeks after his confinement, and was liberated on the 31st December. But, in manifestation of his gratitude for the humane and judicious treatment which he received, he called on his old acquaintances of the Asylum in Spring, conversed and ate with them, expressed his thanks to the Superintendent and officers of the House for the attention which they had shewn him, and is now not only a happy, but a most useful member of the community in which his lot is cast. A third, after having, on two former occasions, experienced the benefits conferred by this Institution, has, within the bygone year, voluntarily returned in the hope of recovering the sanity that was felt to be giving way. Nor is it less remarkable, though more rare, that one individual, (not a pauper), having also a suicidal tendency, did himself walk to the Asylum, and beg for admission within its walls. This surely could not have happened but for the extensive and well-merited fame which this Institution has so long enjoyed.

With facts such as these before them, the Directors hesitate not to affirm, that the Institution under their care is in a state, not only of unimpaired, but of highly improved efficiency.

The Financial affairs of the establishment are exhibited in the following "Abstract."

A B S T R A C T
OF THE
AFFAIRS OF THE DUNDEE LUNATIC ASYLUM.

For the Year ending 31st March 1846.

Income.

Board from Patients	£4123 12 10
Patients' Labour	£94 9 3
Profit on store	56 18 10
	—————
	151 8 1
	—————
	£4275 0 11
Legacy from Mrs Elizabeth Bruce or Anderson	£214 0 4
Donations	10 2 3
	—————
	224 2 7
	—————
	£4499 3 6

Expenditure.

Salaries—

Superintendent	£200 0 0
Matron	70 0 0
Physician	87 10 0
Chaplain	25 0 0
Secretary	20 0 0
Treasurer	50 0 0
	—————
	£452 10 0
Less Fees from Patients	43 1 0
	—————
	£409 9 0
Interest	£374 0 7
Servants' Wages	459 6 0
Soap	83 4 1
	—————
Carry forward,	£916 10 8 £409 9 0

Brought forward,	.	.	£916	10	8	£409	9	0			
Coal	.	.	153	17	6						
Straw	.	.	38	10	7						
Fire-Insurance	.	.	14	12	0						
Gas	.	.	38	18	4						
Sundries	.	.	299	5	2						
Taxes	.	.	22	0	2						
Feu-duty	.	.	£86	8	5						
Less Rent received	.	.	25	4	0	61	4	5			
			—	—	—	1544	18	10			
Butcher meat	.	.	£356	7	11						
Bread	.	.	320	3	7						
Sugar	.	.	105	9	0						
Tea	.	.	62	17	2						
Groceries	.	.	26	17	4						
Butter	.	.	102	15	3						
Cheese	.	.	17	3	11						
Meal	.	.	285	12	0						
Barley	.	.	36	12	6						
Potatoes	.	.	105	0	7						
Beer	.	.	71	4	0						
Fish	.	.	23	17	0						
Milk	.	.	300	7	0						
Medicines	.	.	33	18	11	—	—	1848	6	2	
			—	—	—	£3802	14	0			
Repairs on Buildings and Furniture—											
Furniture	.	.	£69	6	1						
Mason Work,	.	.	69	17	0						
Plumber do.	,	.	43	1	0						
Painter do.	.	.	27	15	10						
Slater do.	.	.	3	2	0						
Smith do.	.	.	20	1	10	—	—	—	233	3	9
			—	—	—	£4035	17	9			
Amount of Savings arising from Patients in the											
Asylum	.	,	£239	3	2						
Add Legacy and Donations received during the											
year,	.	.	224	2	7	—	—	—			
Excess of Income for the year 1845-1846,									463	5	9
			—	—	—	£4499	3	6			

State of the Debt.

31st March 1846.

Sums due by Asylum.

Loans	£2136	0	0
Dundee Bank, on bond	5000	0	0
Dundee Bank, on current account	2319	6	0
Legacies*	942	19	9
Debts due to sundries	58	2	5½

Sums due to Asylum.

Boards due by Patients	£601	0	10
Provisions in the House	246	3	0
Stores in the House	79	13	11
Furnishings to Patients	76	8	0
James Forgan, so far as ascertained,	195	17	6
Debt due by Asylum, 31st March			
1845	£9720	10	8½
Deduct excess of Income, being reduction of Debt this year	463	5	9
Balance, being Debt due by Asylum at 31st March 1846	9257	4	11½
	£10,456	8	2½
	£10,456	8	2½

View of the Property of the Asylum.

Expenditure on the Property and Furniture up to 31st March 1845,	£33,004	13	3
Deduction for depreciation of property	455	18	0
	£32,548	15	3

* The late Mr John Grieve, merchant, Dundee, bequeathed £400 to the Kirk-Session of Dundee, to be under their management as a perpetual fund, to enable that body to present and maintain a patient in the Lunatic Asylum. The principal sum bequeathed by Mr Grieve was paid over to the Asylum, and forms part of the debt.

The late Provost Riddoch bequeathed £500 to the Asylum, which sum less legacy duty, equal to £450, was paid over, and now forms part of the debt of the Institution. The interest of this bequest was annually accounted for to the Kirk-Session in the account against them for the maintenance of Pauper Lunatics, and will now fall to be accounted for to the Parochial Board.

Debt due by the Asylum as above	£9257	4	11½
Stock, being the Expenditure on the Buildings and Furniture under deduction of the debt at 31st March 1845, £22,828	4	6½	
Add excess of Income year 1845-46,	463	5	9
Stock at 31st March 1846	23,291	10	3½
	£32,548	15	3

The excess of Income over Expenditure amounts to £463, after including a legacy and donations to the Institution; and the Debt of the Asylum, which has long been complained of as a bar to its efficiency, although somewhat reduced, is not less than £9257.

The Directors have to state that Mr Sturrock junior, who was in the month of June 1845 elected Treasurer to the Asylum, has now received nearly all the books and papers that were in the hands of his predecessor.

Twenty-nine Pauper Lunatics, some of whom had been incarcerated, have, from want of room, been refused admission into the house. There can be little doubt that the causes of so many uncomplied with applications are twofold. 1st, The extensive reputation which the Establishment has obtained; and 2dly, the low rate of board charged for this class of patients. The Directors, however, take special care that patients belonging to the privileged parishes are seldom or never excluded.

In the month of January last, the Directors made a remit to the Committee of Management to consider, "whether, with a due regard to the obligations of the Institution and other circumstances, any reduction could be made on the board of the first three classes of patients." After a careful consideration of the subject, they were unanimous in giving it as their opinion, that, not only on account of the large debt due by the Institution, but on various other grounds, the proposed reduction would be inex-

pedient. The subject was again discussed at the Quarterly court of Directors on the 14th of April, and, by a majority of thirteen to six, the judgment of the Committee was affirmed. The Directors deem it incongruous with the design of a report such as this, to enter into the merits of the question. They are fully persuaded that their successors in office will so carefully consider the subject, that neither the Institution itself shall be affected, nor the Public at large have reason to complain. They would, however, take leave to remark, that as it has now beyond all controversy been proved, not only that want of food is one of the chief causes of insanity, but that a nutritious diet contributes greatly to its cure,* every available means should be employed to increase, rather than diminish, the allowance granted to the patients.

In former reports, drawn up by the Rev. Dr. Cannan, whose name will ever be associated with the rise, progress, and welfare of this Institution, the subject of what is called Mechanical Coercion was fully discussed. The Directors now think it right to state, that there never were chains or dungeons in the Dundee Asylum—that the use of them has never been advocated by any party in connection with it—and that the merit of introducing the system of non-restraint, and of carrying it into such admirable effect, belongs not to the Directors, but solely to the Superintendent and Matron. The former, for a period of sixteen years, has brought into successful operation every improvement pronounced salutary or judicious in the history of other Asylums. In the autumn of last year he visited similar institutions both in England and France; and, with all the moral enthusiasm of a man whose whole heart is in his profession, he has, with the entire approval of the consulting Physician, put into practice every

* See Report of Metropolitan Commissioners

supposable invention by which his patients might be benefitted. The latter has, not only by her soothing manners and kindness of heart, made the Female department a scene of comfort, but has by force of mind and character commanded the respect of all entrusted to her charge. It is of importance to remark, that while Mr Tuke of York considers five per cent a fair proportion to be under restraint in any Asylum, there is not so much as one individual in this establishment subjected to any sort of mechanical coercion.

Few alterations in regard to the building have taken place during the year. The chapel, however has been somewhat improved, and a large mound has been erected in one of the female airing courts from which the patients have a pleasing view of the Tay and the adjacent scenery.

It is satisfactory to have it in our power to state, that while, during the preceding year, the number of deaths amounted to *fourteen*, that of those occurring in the course of this has not exceeded *eight*.

The house was visited in September last by the Earl of Suffolk, who left in the books of the Asylum the following honourable testimony to its progressive efficiency. "When I was here six years ago, I thought the system pursued perfect; but I am now pleased to find a progressive, steady, and unostentatious improvement in every thing that can tend to the good health, comfort, and convalescence of the inmates."*

A pleasing duty still remains, that of recording gratitude for benefits received in behoof of the Institution.

* In company with the above named nobleman there were the Ladies Mary and F. Howard, the Viscountess Andover, Lady Jane Ogilvy, Sir John Ogilvy, and others.

Mrs Elizabeth Bruce or Anderson bequeathed a legacy of £214, which sum has been duly received. The Directors also express their thanks to the Earl of Camperdown and Lord Kinnaird for their liberal supply of shrubs and plants; to Provost Brown, the Messrs Mills, and Mr John Ewan, for giving employment to the Pauper Lunatics; to the Committee and House Visitors, whose duties have been most faithfully discharged; to the Treasurer and Secretary, whose attention to their respective offices is exemplary and commendable; to the Chaplain, who has not only regularly officiated on the Sabbath, but who is ever ready to visit on week days those patients whose case peculiarly needs the consolations of religion; and finally, to the Physician, Superintendent, and Matron, to whose fidelity attestation has frequently and justly been borne in previous reports.

In conclusion, the Directors have only to repeat the prayer, so admirably expressed in the Nineteenth Annual Report, that "the Providence which watched over this Asylum at its origin, and which has procured for it so large a share of public approbation, may give wider and wider extension to its usefulness, so that its benefits may flow in a purer and more copious stream, to refresh and comfort the hearts of the most disconsolate of our race, throughout all generations."

AT THE
ANNUAL COURT OF DIRECTORS
OF THE
Dundee Royal Lunatic Asylum,

Held in the Guild Hall of Dundee, on Monday the 15th June 1846,—

PATRICK SCOTT, Esq., in the chair,—

ALEXANDER BALFOUR, Esq., moved, “That the cordial thanks of this Annual Court be presented to the Rev Mr Adamson, for his great kindness in drawing up the Report of the Directors for the past year, and for the ability displayed in the execution of that duty.”

Which motion was carried by acclamation, and the Chairman delivered the thanks of the meeting to the Reverend gentleman accordingly.

The following Parishes having contributed twenty pounds or upwards to the funds of the Asylum, are entitled to have their Pauper Patients admitted into Class First, and are charged the lowest rate of board ; but no other Parish since 1824 can claim this privilege. The Parish of St Andrews was privileged in 1837, to have one patient only in the Asylum at the lowest rate of board.

Airly.	Kettens.
Alyth.	Liff and Benvie.
Arbroath.	Longforgan.
Auchterhouse.	Mains and Strathmartine.
Brechin.	Monifieth.
Dundee.	Monikie.
Dunnichen.	Murroes.
Forfar.	Newtyle.
Glammiss.	Rescobie.
Guthrie.	St Andrews, one patient only.
Inverarity.	Tannadice.
Kirriemuir.	Tealing.
Kinnettles.	

THE
ANNUAL GENERAL MEETING,
HELD ON THE 15TH JUNE 1846,

Confirmed the following Bye-Law as to the board chargeable on the admission of patients.

“That one quarter’s board shall be paid in advance, before the admission of every patient, of which no part shall be returnable, except in the event of a patient dying before the expiry of three months after admission, in which case it shall be in the power of the Committee of Management to allow a return of such proportion of the board, as, under all the circumstances, they shall consider reasonable.

At the next quarter day after admission the balance of the board for the quarter then commencing shall be payable.”

C O N T E N T S

OF THE

M E D I C A L O F F I C E R ' S R E P O R T .

T A B L E .

	Page.
I. Yearly Return of Lunatics for the year ending 15th June 1846,	21
II. Admissions according to the Causes of Insanity—Physical,	22
III. Ditto, —Moral,	22
IV. Ditto, relative to Ages,	23
V. Ditto, relative to Ages and Sexes, classed according to their frequency—Males,	23
VI. Ditto, Females,	24
VII. Ditto, relatively to the varieties of Insanity,	24
VIII. Ditto, relatively to the Civil Condition,	25
IX. Ditto, as to Place of Birth,	25
X. Ditto, as to Form of Religion,	26
XI. Ditto, relatively to the Months of the Year,	26
XII. Ditto, as to Degree of Education,	26
XIII. Ditto, as to Profession, &c.,	27
XIV. Ditto, as to Duration of Disorder,	27
XV. Ditto, as to the Occurrence of Suicide,	28
XVI. Ditto, monthly as to Form of Disease,	29
XVII. Ditto, as to Epileptic Cases,	29
XVIII. Form of the Disease—Duration of the Disease—Age—and length of time under treatment in the Dundee Asylum, in the cases of the 30 Patients discharged, cured, during the year ending 15th June 1846.	29
XIX. to XXI.	30
XX. to XXI.	31
XXII. Similar Tables in the cases of the 8 patients who have died during the same period.	31
XXIII. to XXV.	32
XXVI. Causes of the Deaths in the year ending 15th June 1846, A,	33
XXVII. Ditto, B,	33
XXVIII. Old Cases, viz., of more than twelve months' duration,	34

TABLE.

	Page.
XXIX. Recent Cases, viz., of those under twelve months' duration,	34
XXX. Epileptics in Asylum, 15th June 1846,	35
XXXI. Paralytics, do. do.	35
XXXII. Cures from 1820 to 1846,	35
XXXIII. Return of Patients annually admitted from 1st April 1820, to 15th June 1846, including readmissions, together with the Cures, Discharges, and Deaths,	36
XXXIV. The times of the Patients' Death after their admission into the Asylum from 1820 to 1846.	37
XXXV. Annual percentage of Deaths, from 13th June 1830 to 15th June 1846,	38
XXXVI. Escapes from 1st January 1840 to 15th June 1846.	38
XXXVII. Table of Restraints,	39
XXXVIII. Number generally employed,	39
XXXIX. Return of some of the Work done for the year ending 31st March 1846.	40

MEDICAL STATISTICAL TABLES,

FOR THE

YEAR ENDING 15th JUNE 1846.

(The Year ending on the third Monday of June, agreeably to Charter.)

TABLE I.

YEARLY RETURN OF LUNATICS IN THE DUNDEE
ROYAL LUNATIC ASYLUM.

From 16th June 1845 to 15th June 1846.

		Males.	Females.	Total.
Remained 16th June 1845,	.	105	91	196
Admitted during the above period,	.	14	20	34
Ditto, re-admissions,	.	10	6	16
 Total,	.	129	117	246
 Discharged cured,	.	15	15	30
Ditto, improved,	.	5	2	7
Ditto, by desire,	.	3	5	8
Died,	.	6	2	8
 Total,	.	29	24	53
Remaining 15th June 1846,	.	100	93	193
 Total,	.	129	117	246
 Daily average number of patients in the House,	.	105	96	201
Highest number in the Asylum at any one time,	.	109	99	208

II.

TABLE OF ADMISSIONS ACCORDING TO THE CAUSES OF INSANITY,
SO FAR AS THEY CAN BE ASCERTAINED.

	PHYSICAL CAUSES.		Males.	Females.	Total.
Hereditary tendency,	.	.	10	9	19
Drunkenness,	.	.	4	2	6
Critical period,	.	.	0	2	2
Predisposition from previous attack,	.	.	2	3	5
Childbirth,	.	.	0	2	2
<hr/>		<hr/>		<hr/>	
Total,	.	.	16	18	34

III.

MORAL CAUSES.

		Males.	Females.	Total.
Misfortunes (1 male, with H. P.),	.	3	1	4
Grief, with hereditary predisposition,	.	1	2	3
Disappointed love,	.	0	1	1
Unhappy marriage,	.	0	1	1
Fright,	.	1	0	1
Disappointments in life,	.	1	1	2
Ill usage,	.	0	1	1
<hr/>		6	7	13
Unknown,	.	2	1	3
<hr/>		8	8	16
Total,	.			

IV.

TABLE OF ADMISSIONS RELATIVE TO AGES.

			Males.	Females,	Total.
From 15 to 20 years of age,	.	.	1	0	1
.... 20 to 25	....	.	6	1	7
.... 25 to 30	....	.	2	4	6
.... 30 to 35	....	.	0	3	3
.... 35 to 40	....	.	1	1	2
.... 40 to 45	....	.	4	2	6
.... 45 to 50	....	.	3	6	9
.... 50 to 55	....	.	3	4	7
.... 55 to 60	....	.	0	2	2
.... 60 to 65	....	.	0	1	1
.... 65 to 70	....	.	3	2	5
.... 70 to 75	....	.	1	0	1
<hr/>					
Total,	.	.	24	26	50

V.

TABLES OF ADMISSIONS RELATIVE TO AGES AND SEXES, CLASSED ACCORDING TO THEIR FREQUENCY.

Males.

From 20 to 25 years of age,	.	.	.	.	.	6
.... 40 to 45	....	.	.	.	.	4
.... 45 to 50	....	.	.	.	.	3
.... 50 to 55	....	.	.	.	.	3
.... 65 to 70	....	.	.	.	.	3
.... 25 to 30	....	.	.	.	.	2
<hr/>						
Carry forward,	.	.	.	.	.	21

Males.	Brought forward,	21
From 15 to 20 years of age,	.	1
.... 35 to 40	....	1
.... 70 to 75	....	1
		—
	Total,	24

VI.

Females.		
From 45 to 50 years of age,	.	6
.... 25 to 30	....	4
.... 50 to 55	....	4
.... 30 to 35	....	3
.... 40 to 45	....	2
.... 55 to 60	....	2
.... 65 to 70	....	2
.... 20 to 25	....	1
.... 35 to 40	....	1
.... 60 to 65	....	1
		—
	Total,	26

VII.

	Males.	Females.	Total.
Mania,	.	11	7
Monomania,	.	13	16
Dementia,	.	0	3
		—	—
	Total,	24	26
			50

VIII.

TABLE OF ADMISSIONS RELATIVELY TO THE CIVIL CONDITION.

	Males.	Females.	Total.
Married,	6	15	21
Unmarried,	17	6	23
Widows,	0	5	5
Widowers,	1	0	1
 Total,	 24	 26	 50

IX.

TABLE OF ADMISSIONS RELATIVELY TO THE MONTHS OF THE YEAR.

	Males.	Females.	Total.
From June to July,	1	4	5
.... July to August,	3	1	4
.... August to September,	0	0	0
.... September to October,	4	4	8
.... October to November,	2	2	4
.... November to December,	0	2	2
.... December to January 1846,	0	1	1
.... January to February,	2	2	4
.... February to March,	6	2	8
.... March to April,	3	6	9
.... April to May,	2	0	2
.... May to June 15th,	1	2	3
 24	 26	 50	

X.

TABLE OF ADMISSIONS RELATIVE TO FORM OF RELIGION.

		Males.	Females.	Total.
Church of Scotland,	.	11	12	23
.... England,	.	2	0	2
Secession Church,	.	6	10	16
Wesleyan Methodist do.	.	0	1	1
Catholic do.	.	3	0	3
Unknown,	.	2	3	5
		—	—	—
Total,	.	24	26	50

XI.

TABLE OF ADMISSIONS RELATIVE TO PLACE OF BIRTH.

		Males.	Females.	Total.
Born in Scotland,	.	21	25	46
.... Ireland,	.	3	0	3
.... England,	.	0	1	1
		—	—	—
Total,	.	24	26	50

XII.

TABLE OF ADMISSIONS RELATIVE TO EDUCATION.

		Males.	Females.	Total.
Cannot read,	.	1	1	2
Can read,	.	1	3	4
.... and write,	.	21	22	43
Highly educated,	.	1	0	1
		—	—	—
Total,	.	24	26	50

XIII.

TABLE OF ADMISSIONS RELATIVE TO PROFESSION, OCCUPATION, OR CONDITION.

Males.	No.	Females.	No.
Gentlemen, . . .	1	Ladies, . . .	3
Merchants, . . .	3	Wives of Farmers, . . .	1
Farmers, . . .	2	Forresters, . . .	1
Engineers, . . .	1	Seamen, . . .	3
Blacksmiths, . . .	1	Hairdressers, . . .	1
Gardeners, . . .	1	Labourers, farm-servants, . . .	2
Shoemakers, . . .	1	Plasterers, . . .	1
Weavers, . . .	6	Carpenters, . . .	3
Fishermen, . . .	1	Coachmen, . . .	1
Clothiers and Tailors, . . .	3	Widows of Tailors, . . .	1
Pensioners, . . .	1	Labourers, . . .	1
Labourers, . . .	3	Weavers, . . .	1
	—	Cooks, . . .	1
Total, . . .	24	Schoolmistresses, . . .	1
		Hawkers, . . .	1
		Dressmakers, . . .	1
		Mill-workers, . . .	1
		Sack-makers, . . .	1
		Poor women, . . .	1
			—
		Total, . . .	26

XIV.

DURATION OF THE DISORDER IN THE 50 CASES ADMITTED DURING THE YEAR ENDING 15TH JUNE 1846.

Duration.		Males.	Females.	Total.
Not exceeding 1 month, . . .	.	7	4	11
.... 3 .... . . .	.	4	4	8
Carry forward, . . .	.	11	8	19

			Males.	Females.	Total
Brought forward,	.	.	11	8	19
Not exceeding 6 months,	.	.	3	7	10
.... 9 ....	.	.	1	1	2
.... 1 year,	.	.	1	2	3
.... 2 ....	.	.	3	5	8
.... 3 ....	.	.	1	0	1
.... 4 ....	.	.	1	0	1
.... 5 ....	.	.	1	0	1
.... 6 ....	.	.	0	2	2
.... 8 ....	.	.	0	1	1
.... 11 ....	.	.	1	0	1
.... 25 ....	.	.	1	0	1
<hr/>					
Total,	.	.	24	26	50

XV.

TABLE OF ADMISSIONS RELATIVE TO SUICIDE ADMITTED DURING EACH MONTH OF THE YEAR.

			Males.	Females.	Total.
From June to July,	.	.	0	3	3
.... July to August,	.	.	1	0	1
.... September to October,	.	.	2	1	3
.... October to November,	.	.	1	1	2
.... December to January 1846,	.	.	0	1	1
.... January to February,	.	.	1	0	1
.... February to March,	.	.	2	1	3
.... March to April,	.	.	0	2	2
<hr/>					
Total,	.	.	7	9	16

XVI.

TABLE OF ADMISSIONS IN EACH MONTH OF THE YEAR ENDING 15TH JUNE 1846, CLASSED ACCORDING TO FORM OF DISEASE.

Form of Disease.	From June 16. 1845.		July 1845.		Augt. 1845.		Sept. 1845.		Oct. 1845.		Nov. 1845.		Dec. 1845.		Jan. 1846.		Feb. 1846.		Mar. 1846.		Apr. 1846.		May 1846.		June 15. 1846.		TOTAL.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Mania.....	0	1	0	1	0	0	0	0	1	0	0	0	0	1	0	1	1	0	5	1	2	2	1	0	0	0	0	10	7
Monomania	1	3	2	0	1	0	2	2	2	1	1	2	0	0	0	2	2	0	2	3	0	2	1	0	0	0	1	14	16
Dementia....	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3
diocy.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total.....	1	4	2	1	1	0	2	3	3	2	1	2	0	1	0	3	3	0	7	4	2	4	2	0	0	2	24	26	

XVII.

COMBINATION OF DISEASE IN EPILEPTIC CASES ADMITTED DURING THE YEAR ENDING 15TH JUNE 1846.

	Males.	Females.	Total.
With Mania,	.	.	0 0 0
.... Monomania,	.	.	0 0 0
.... Dementia,	.	.	0 0 0
Total,	.	.	0 0 0

XVIII., XIX., XX., XXI.

FORM OF THE DISEASE—DURATION OF THE DISEASE—AGE—AND LENGTH OF TIME UNDER TREATMENT IN THE DUNDEE ASYLUM, IN THE CASES OF THE 30 PATIENTS, DISCHARGED CURED, DURING THE YEAR ENDING 15TH JUNE 1846.

XVIII.

FORM OF DISEASE—

	Males.	Females.	Total.
Mania,	.	.	10 5 15
Monomania,	.	.	4 8 12
Dementia,	.	.	1 2 3
Total,	.	.	15 15 30

XIX.

DURATION OF DISEASE—

			Males.	Females.	Total.
Not exceeding 6 months,			3	1	4
.... 9 ....	.	.	2	5	7
.... 1 year,	.	.	5	3	8
.... 2 ....	.	.	1	1	2
.... 3 ....	.	.	2	2	4
.... 4 ....	.	.	0	2	2
.... 5 ....	.	.	1	0	1
.... 6 ....	.	.	1	1	2
			—	—	—
Total,	.	.	15	15	30

XX.

AGE—

			Males.	Females.	Total
From 15 to 20 years of age,			1	0	1
.... 20 to 25 ....	.	.	4	0	4
.... 25 to 30 ....	.	.	1	1	2
.... 30 to 35 ....	.	.	1	1	2
.... 35 to 40 ....	.	.	0	2	2
.... 40 to 45 ....	.	.	1	1	2
.... 45 to 50 ....	.	.	2	5	7
.... 50 to 55 ....	.	.	3	2	5
.... 55 to 60 ....	.	.	0	1	1
.... 60 to 65 ....	.	.	0	1	1
.... 65 to 70 ....	.	.	2	1	3
			—	—	—
Total,	.	.	15	15	30

XXI.

TIME OF TREATMENT IN DUNDEE ASYLUM—

			Males.	Females.	Total.
Not exceeding 3 months,	.	.	2	4	6
....	6	....	6	6	12
....	9	....	2	1	3
....	1 year,	.	2	1	3
....	2	....	1	0	1
....	3	....	0	2	2
....	4	....	1	1	2
....	5	....	1	0	1
<hr/>			<hr/>	<hr/>	<hr/>
Total,	.	.	15	15	30

XXII., XXIII., XXIV., XXV.

SIMILAR TABLES IN THE CASES OF THE EIGHT PATIENTS WHO HAVE DIED IN THE YEAR ENDING 15th JUNE 1846.

XXII.

FORM OF DISEASE—

			Males.	Females.	Total.
Mania,	.	.	3	2	5
Monomania,	.	.	1	0	1
Dementia,	.	.	2	0	2
<hr/>			<hr/>	<hr/>	<hr/>
Total,	.	.	6	2	8

XXIII.

DURATION OF DISEASE—

				Males.	Females.	Total.
Not exceeding 6 months,				1	0	1
....	3 years,			0	1	1
....	4			1	0	1
....	5			1	1	2
....	9			1	0	1
....	21			1	0	1
Not ascertained, of many years' duration,				1	0	1
				—	—	—
	Total,			6	2	8

XXIV.

AGE—

				Males.	Females.	Total.
From 20 to 25 years of age,				0	1	1
....	30 to 35	....		1	0	1
....	35 to 40	....		1	0	1
....	40 to 45	....		1	0	1
....	45 to 50	....		1	0	1
....	50 to 55	....		1	0	1
....	55 to 60	....		0	1	1
....	65 to 70	....		1	0	1
				—	—	—
	Total,			6	2	8

XXV.

TIME OF TREATMENT IN DUNDEE ASYLUM.

				Males.	Females.	Total.
Not exceeding 3 months,			.	.	1	1
....	1 year,		.	.	0	1
....	2 ....	.	.	.	2	0
....	3 ....	.	.	.	1	0
....	5 ....	.	.	.	1	0
....	11 ....	.	.	.	1	0
				—	—	—
Total,			.	6	2	8

XXVI.

CAUSES OF THE EIGHT DEATHS IN THE YEAR ENDING
15TH JUNE 1846.—A.

				Males.	Females.	Total.
Disease within the head,			.	4	2	6
Pulmonary Consumption,			.	1	0	1
Atrophy,			.	1	0	1
				—	—	—
Total,			.	6	2	8

XXVII.

CAUSES OF DEATHS, B.

No.		July 1845.	Nov. 1845.	Jan. 1846.	Mar. 1846.	Apr. 1846.	May 1846.	To June 15. 1846.		TOTAL.	
								M.	F.		
1	Disease within Head,	1	0							1	0
2	Ditto ditto,	0	1							0	1
3	Ditto ditto,			0	1					0	1
4	Atrophy,.....			1	0					1	0
5	Phthisis P.....				1	0				1	0
6	Disease within Head,					1	0			1	0
7	Ditto ditto,						1	0		1	0
8	Ditto ditto,							1	0	1	0
	Total,.....	1	0	0	1	1	1	1	0	6	2

XXVIII.

TABLE OF OLD CASES—VIZ., OF MORE THAN TWELVE MONTHS DURATION.

	Males.	Females.	Total.
Remained 16th June 1845,	96	86	182
Males. Females. Total.			
Received from Table of Recent Cases,	5	2	7
Admitted since,	8	8	16
	—	—	—
	13	10	23
Total,			
Discharged cured,	5	4	9
.... improved,	3	1	4
.... by desire,	3	3	6
Died,	5	2	7
	—	—	—
	16	10	26
Remaining 15th June 1846,	93	86	179
	—	—	—
	109	96	205

XXIX.

TABLE OF RECENT CASES,—VIZ. OF THOSE UNDER TWELVE MONTHS' DURATION.

	Males.	Females.	Total.
Remained 16th June 1845,	9	5	14
Transferred to preceding Table,	5	2	7
	—	—	—
	4	3	7
Admitted since,	16	18	34
	—	—	—
	20	21	41

		Males.	Females.	Total.
Brought forward,	.	20	21	41
Discharged cured,	.	10	11	21
.... improved,	.	2	1	3
.... by desire,	.	0	2	2
Died,	.	1	0	1
Total,	.	13	14	27
Remaining 15th June 1846,	.	7	7	14
Total,	.	20	21	41

XXX.

NUMBER OF EPILEPTICS AMONG THE LUNATICS AT PRESENT IN THE ASYLUM.

In Asylum— 193 Lunatics.	Mania.		Monomania		Dementia.		Idiocy.		TOTAL.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Epileptic,....	4	3	0	1	0	2	2	2	6	6

XXXI.

NUMBER OF PARALYTICS AMONG THE LUNATICS AT PRESENT IN THE ASYLUM.

In Asylum— 193 Lunatics.	Mania.		Monomania.		Dementia.		Idiocy.		TOTAL.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Paralytic,....	8	1	3	2	0	0	0	0	11	3

XXXII.

TABLE OF CURES AT THE DUNDEE ASYLUM FROM 1820 TO 1846.

Admitted from 1st April 1820, to 15th June 1846.	Cured.	Per Cent.
Number of Lunatics, 1141,	507	44.43

XXXIII.

TS Annually Admitted into the DUNDEE ROYAL ASYLUM, from its opening, on the 1st April 1820, to the 15th June 1846, including Re-Admissions, together with the Cures, Discharges, and Deaths.

(The years ending on the 3d Monday of June, agreeably to Charter.)

XXXIV.

THE TIMES OF THE PATIENTS' DEATHS AFTER THEIR ADMISSION
INTO THE ASYLUM, FROM THE OPENING OF THE INSTITUTION TO
THE 15TH JUNE 1846.

Times of Deaths.	Males.	Females.	Total.
Within 1 fortnight,	8	7	15
.... 1 month,	6	2	8
.... 3	14	8	22
.... 6	9	3	12
.... 9	6	2	8
.... 1 year,	6	2	8
.... 2	17	9	26
.... 3	7	3	10
.... 4	9	4	13
.... 5	3	1	4
.... 6	3	3	6
.... 7	5	2	7
.... 8	2	3	5
.... 9	2	3	5
.... 10	1	2	3
.... 11	1	1	2
.... 12	2	2	4
.... 13	0	1	1
.... 14	5	1	6
.... 15	2	0	2
.... 16	1	1	2
.... 17	0	2	2
.... 18	2	0	2
.... 19	1	1	2
.... 21	0	1	1
.... 23	0	1	1
.... 24	1	1	2
 Total,	113	66	179

XXXV.

ANNUAL PERCENTAGE OF DEATHS.

FROM 13TH JUNE 1830 TO 15TH JUNE 1846.

(The years ending on the third Monday of June, agreeably to Charter.)

Years ending third Monday of June.	Average number of Patients.			Number of Deaths.			Percentage of Deaths.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
1830	57	44	101	2	2	4	3.51	4.52	3.95
1831	55	48	103	2	1	3	3.63	2.08	2.91
1832	61	52	113	2	5	7	3.27	9.61	6.19
1833	65	59	124	7	3	10	10.76	5.08	8.06
1834	70	58	128	6	4	10	8.57	6.89	7.81
1835	68	58	126	4	4	8	5.88	6.89	6.34
1836	70	59	129	6	2	8	5.57	3.39	6.20
1837	74	61	135	5	5	10	6.75	8.19	7.48
1838	77	60	137	7	1	8	9.09	1.66	5.83
1839	84	66	150	6	5	11	7.19	7.57	7.33
1840	87	70	157	5	2	7	5.74	2.85	4.45
1841	89	75	164	5	3	8	5.61	3.99	4.87
1842	102	77	179	8	2	10	7.84	2.59	5.58
1843	96	84	180	5	4	9	5.20	4.80	5.00
1844	97	90	187	10	2	12	10.31	2.22	6.41
1845	100	90	190	8	6	14	8.00	6.66	7.37
1846	105	96	201	6	2	8	5.71	2.08	3.90
	1357	1147	2504	94	53	147			

Average Annual Mortality from 1830 to 1846 inclusive.

Males.	Females.	Total.
5.53	3.12	5.80

NOTE.—No case of suicide or homicide occurred in the above years.

XXXVI.

TABLE OF ESCAPES FROM 1ST JANUARY 1840 TO 15th JUNE 1846.

(The years ending on the third Monday of June.)

		Males.	Females.	Total.
1840-41—18 months,	.	.	0	0
1841-42—12	1	0
1842-43 ,,,	0	0
1843-44 ,,,	1	0
1844-45 ,,,	1	0
1845-46 ,,,	0	0
Total,	.	.	3	0
				3

N.B.—These patients were all safely and speedily returned to the Asylum, without having injured themselves or others.

XXXVII.



TABLE OF RESTRAINTS AT TWENTY DIFFERENT PERIODS, TAKEN FROM THE "WEEKLY REGISTER OF PATIENTS IN THE LUNATIC ASYLUM AT DUNDEE."

DATES.	Total Number of Men.	Total Number of Women.	TOTAL.	Number of Men under restraint.	Number of Women under restraint.	TOTAL.
1828—Oct. 13...	58	47	105	9	12	21
1829 " 12...	57	43	100	11	12	23
1830—July 19...	52	45	97	11	14	25
1830 " 26...	52	46	98	3	3	6
1831—June.....	55	52	107	1	5	6
1832 " 	67	54	121	3	3	6
1833 " 	65	58	123	1	3	4
1834 " 	70	58	128	1	2	3
1835 " 	70	59	129	2	2	4
1836 " 	70	64	134	2	2	4
1837 " 	72	59	131	1	2	3
1838 " 	80	64	144	2	3	5
1839 " 	82	70	152	2	2	4
1840 " 	80	72	152	1	1	2
1841 " 	98	74	172	2	2	4
1842 " 	100	78	178	0	0	0
1843 " 	94	89	183	0	0	0
1844 " 	95	88	183	0	0	0
1845 " 	105	91	196	0	0	0
1846 " 	100	93	193	0	0	0

XXXVIII.

NUMBER GENERALLY EMPLOYED, 1845-46.

	Males.	Females.	Total.
Weaving linen for sheeting, cotton, bagging, &c,	11	5	16
Picking Manilla and Hemp Rope,			
Mat-making,			
Pumping water for the use of the Establishment,	40	0	40
Gardening,* trenching, and laying out ground, &c., or breaking metal,	0	*6	6
Domestic purposes,			
Carry forward	51	11	62

		Males.	Females.	Total.
Brought forward,	.	51	11	62
Clerks,	.	1	0	1
Dress-making,	.	0	2	2
Winding for weavers,	.	0	7	7
Knitting,	.	0	10	10
Shirt-making,	.	0	6	6
Upholsterers' Work,	.	0	1	1
Stay-making,	.	0	1	1
Repairing Bedding and clothes,	.	0	8	8
Worsted works,	.	0	4	4
Assisting in laundry and wash-house,	.	0	15	15
.... in scullery,	.	0	1	1
.... in bed-rooms and wards,	.	0	8	8
Marking clothes,	.	0	1	1
 Total,	.	52	75	127

XXXIX.

RETURN I. OF SOME OF THE WORK DONE ON MALE SIDE.

From 1st April 1845 to 31st March 1846.

65 Webs of bagging wove.
 52 sheeting ,,
 2 pair Trousers made, in addition to many mended.
 5 Waistcoats,
 4 Coats and Jackets.
 7 Tick and Canvas Dresses made.
 3 Pair shoes made, in addition to many mended.
 4 Door-Mats.
 107 Yards metal broke.

N.B.—Gardening and carpenters' jobbing, &c., cannot be inserted here.

RETURN II. OF SOME OF THE WORK DONE BY FEMALE LUNATICS.

57	Gowns made.
60	Petticoats ,,
80	Aprons ,,
150	Caps ,,
75	Shifts ,,
19	Bed-gowns ,,
5	Pair stays ,,
50	Pockets ,,
170	Handkerchiefs hemmed.
69	Men's shirts made.
106	Flannel waistcoats do.
90	Pair plaiding drawers do.
10	Pinafores do.
150	Pair stockings knitted.
20	,, socks ,,
40	Bolsters and cases made.
22	Pillow cases ,,
16	Mattresses ,,
34	Pair sheets ,,
16	Table-cloths ,,
130	Towels ,,
28	Window blinds ,,
8	Crumb cloths. ,,
15	Pair trousers moleskin do.
2	Jackets, cloth blue ,,
2	Waistcoats ,,
4	Bonnets, women's, ,,
10	Patchwork bed quilts do.
30	Yards fringe knitted.
6	Cravats ,,
6	Purses ,,
2	Pairs worsted shoes do.

30 Bags of various kinds made.

5 Flower mats made.

68 Webs sheeting wove. ,,

35 Spindles heckled tow spun.

And winding pirns for 187 webs ; and mending all the clothing and bedding, &c.

A B S T R A C T

OF THE

REPORT OF THE MEDICAL OFFICERS.

IN presenting their Annual Report, the Medical Officers of the Dundee Asylum flatter themselves, that the Directors will find it not less satisfactory than any of the Reports of former years. Their treatment of the patients will be found to correspond, as heretofore, with all the improvements introduced into other extensive, and more highly favoured, establishments elsewhere. No harsh measures are ever resorted to, under any circumstances, with the patients. On the contrary, the most soothing and gentle means are uniformly pursued ; and in every case there is a total absence of personal restraint.* It cannot, therefore, be otherwise than gratifying to the Directors to think, that their Report may justly be quoted as affording triumphant evidence in favour of the wisdom, as well as the humanity, of that enlightened system of treatment, which in this kingdom is now generally adopted towards the Insane of every rank and condition.

The number of new patients admitted this year, including re-admissions, has been less than those of last year by ten.

The number of patients discharged as cured this year, has been greater than during the last. It will be seen by the Table that

* See Table of Restraint, page 39.

they were chiefly recent cases. One of the exceptions was that of a patient whose disease was of some years' standing, and of whose recovery we had almost despaired. We have much pleasure in stating that this cure promises to be permanent. Circumstances to which we need not farther allude, prevent us from giving in detail the history of some interesting cases of persons who were discharged as cured, and who still continue quite well.

In last year's Report, the deaths were fourteen. The number this year is only eight. As was anticipated and mentioned at last annual meeting, the name of George Lamb, a man who was well known as a character in Dundee, appears among the number. Another of these fatal cases was that of a man whose insanity was caused by drunkenness. He had been confined in gaol in consequence of his violence ; and when brought to the Asylum, his constitution was so completely worn out, that it was evident he could not long survive. He died shortly after his admission. The case of a female, who also died soon after admission, resembled the latter in some respects.

General Management and Treatment of the Patients.—In going over the book in which facts and opinions are daily recorded by Dr Mackintosh, we find a great deal of matter that is necessarily very similar to what has appeared in former Reports. The following brief notes, therefore, may be devoid of novelty ; but we think it incumbent upon us to state them as a portion of our professional duty, as well as for the satisfaction of the Directors.

We may remark, in the first place, that the health of the patients has been very good, and that every indulgence has been allowed them consistent with propriety, and the peculiar nature of their disease. They are all *thoroughly* examined at least once daily ; and this visit is nearly similar to the medical visits in the German asylums. It is always satisfactory. The Matron visits the males as well as the females always once, sometimes twice daily, and with benefit to the patients. She also accompanies us

invariably in all our visits to the females. The attendants are held responsible for the state of their respective patients. And this *kind* of examination is of the more importance, since we have again and again found, that where the stomach, &c., &c., are strictly and properly attended to, there is very little difficulty in getting the patients to take their food, even in cases where the state of the tongue indicates indigestion, and has the appearance of being coated as it were with white lead. In cases of obstinate ~~u~~constipation, we have observed, that whenever the cloud began to leave the patient's mind, and the nervous system to recover its tone, less and less laxative medicine was necessary, the patient's bowels getting rapidly well, and requiring no more. In general, we find it difficult to get patients to take medicine oftener than once a day, even when it is essentially necessary. We frequently find that active medicine renders a patient, who is irritable, much more easy in his feelings, and generally more agreeable to his neighbours. We may here remark, that when calomel is prescribed, it is generally given in a little dry oatmeal, and then it is readily taken. In some cases where the paroxysm comes on periodically, nothing seems to check its progress; it will run its course as it was previously wont to do, no matter what may be done to modify or prevent it. In a few cases the pulse of the patient rises as the paroxysm advances. In others the pulse does not seem to be affected at all.

As nothing is of greater importance in an asylum than order, the strictest and most punctual regularity is as far as possible observed in every department. Even a slight deviation in this respect, such as persons going round at the dinner hours, * and friends visiting patients at improper times, is apt to produce mischief; the whole machinery of the establishment is deranged, the patients irritated, and all business interrupted. The preservation of order, therefore, is never for a moment lost sight of.

* The best and most convenient time to see the Asylum is in the forenoon at half-past eleven o'clock.

Since last Report, Dr Nimmo had an opportunity of performing the difficult and dangerous operation for femoral hernia. It was in the case of a female patient, who bore it remarkably well, and rapidly recovered. The operation was performed, with equal skill and dexterity, in presence of two medical gentlemen from Dundee. A similar operation, on a male patient, was performed by Dr Nimmo in the same skilful manner in 1841, and with a similar result.

In reference to the refusal of medicine and food, both of which the patients sometimes will not take, we find that the use of constant importunity very often succeeds; more especially if the lunatic sees the other patients taking it first, or when he is set down to his food beside others who are busily employed taking theirs.

In regard to the epileptic patients, we observe, that those who take epileptic fits often, have them in a less severe form than those who take them less frequently. Our patients generally have their fits during the day.

Characteristics of Peculiar Cases.—We shall now proceed to give the characteristic features of some peculiar cases. One of the patients admitted this year was in a state of violent excitement, and required to be well sustained in order to prevent complete physical exhaustion. The quantity of food he consumed was five times that of any other patient in the establishment. This lasted for several weeks. One patient imagines that a man often steals into his head, and impels him to do many things whether he will or no. He tries to get rid of this grand enemy of his peace, and for that purpose stops up his ears, holds his head down, fights, and then runs to escape; but alas! it is all in vain—like others affected with similar fancies, he believes that a change of place is all that is required to enable him to escape the thraldom of this arch-tormentor; the unfortunate man never perceiving that he cannot escape from himself. Others, again, think that they have a “toom skull,” or complain of a ringing in their heads like a bell, or say they hear the sound of coaches when

everything is perfectly still. Some say that vitriol is poured down their throat during the night, or that they hear voices through the ceiling of the walls, which are a great source of annoyance to them. In these cases we find that changing the position of the bed sometimes gives temporary relief; but laxative medicines and occasionally opiates, or the operation of cupping, are still more effectual. One patient has at certain times an extraordinary propensity to lick walls with his tongue, and also to put it into key holes. One man who recovered, told us that when he was very ill he saw human beings flying and running past him, although he was sure no one else could see them. Their appearance, he said, greatly alarmed him, for they changed their colour, and he struck and fought with them to keep them at bay. This man's forehead was very hot for a long time. His was a recent case, and he was soon discharged as cured. He derived benefit from the application of leeches to the hottest part of his head.

Several patients, in giving an account of the beginning of their disease, said that they could never bear to be contradicted, and that when first curbed, they felt a peculiar sensation in their head and eyes, or that something went wrong within their head, and almost blinded them. When these, and such like patients, after admission, saw their relations or friends, their nervous system was greatly affected; and after every visit the shock was of such a paralyzing nature as to be exceedingly injurious to them.

Some of the female patients when occasionally excited, set themselves to work with great vigour and industry. When the excitement goes off, they become languid, listless, and indifferent, complain of pain all over the body, then go to bed, lie a day or two till they recover strength and energy enough to go through the same round again and again. One of the females, in walking, will not permit any one to pass on her right side, and several of the males are very tenacious on this point also.

There are three of the patients who are very amusing. They write the most extraordinary letters to one another, and play all

sorts of pranks, without being seriously mischievous. A volume might easily be filled with specimens of their wit, humour, and waggery. To these patients, and indeed to all the reading patients, the weekly periodical called "*Punch*," as well as other journals, is a great source of amusement.

Some of the patients, and one of the old patients in particular, often write letters to the greatest personages in the land, all filled of course with very wild and extravagant fancies. It may easily be supposed that these lucubrations are very seldom permitted to reach their destination ; yet on one occasion the superintendent sent one such letter to Lord Ashley, to whom it was addressed. His lordship condescended to answer it, and thus gave the writer inexpressible pleasure. He still treasures the answer as an invaluable proof of the noble lord's courtesy and regard ; and so much is it prized by the happy owner, that strangers are rarely permitted to see it.

There are some patients who, whenever they feel uneasy sensations about the head, immediately cry for the operation of cupping, and this at once gives them relief ; at least it does so in the generality of cases. Two patients, after becoming well, declared that it was the repeated application of the blistering liniment to the nape of the neck which cured them.

Insane patients are, for the most part, fond of innocent amusements, such as the petting and fondling of animals ; kittens, for instance, may be seen in the different wards, playing around, or asleep on the knees of even the most violent patients. Blackbirds feed frequently from the hands of the patients at dinner time, or they may be seen feeding out of the same dish with the cat at the patient's feet.

When patients are attacked with sudden excitement, the instant application of cold water to the head is often attended with the best effects.

One patient has a singular delusion ; even in broad day-light he fancies that he hears his relations speaking to him, without the

walls of the Asylum ; and he answers them directly, although he may be sitting in a day-room surrounded by patients.

Some cannot bear to be prepared before hand for an interview with any of their friends. It makes them nervous, and sometimes unfit to see them ; the interview must be rather sudden and without preparation, otherwise it is calculated to do harm.

Several of the patients being aware of their infirmity, try to fight, as it were, against attacks, both of depression and excitement, particularly the former. There are others, however, who become tremulous and quite sunk both bodily and mentally, as if to gather strength for the attack before the violence appears.

Insane persons generally, and the females in particular, are very fond of new clothes. Several are vain in regard to dress, and some dress fantastically. One man adorns the legs of his trousers with ribbands. In order to gratify the taste of the ladies, and to keep up their acquaintance with the external world, Mrs Kilgour is at pains to get them a sight of all the newest fashions as these come out, and their dresses are generally made in a fashionable manner. Some patients, however, refuse to wear new clothes, or even to change their dress. It requires considerable tact and perseverance to get them persuaded to be measured, and still more to overcome their reluctance to wear the clothes when made.

There is one of the patients uncommonly kind to others. But many of them possess this distinctive characteristic, although in a less striking degree. It is equally interesting and delightful to see a helpless hemiplegic patient call a homicidal patient to dress and undress him, as if he were a valet, while the latter performs the task with the greatest good humour, and laughing all the while.

The most morose patients are often very kindly disposed towards others. When any one of the epileptics is seized with a fit, the former will rush instantly to his assistance and attend him most carefully. One patient, in particular, takes care of another younger patient night and day.

We have a patient who is noted for his acquisitive propensities. He collects everything he can lay his hands upon, and stuffs it away about his clothes, for the purpose of concealment. Another having the same propensity to excess, in combination with others, endeavours to conceal food everywhere, in order to eat it quietly by himself.

The good humour of most lunatics is often easily restored by indulgence and forbearance. A little tobacco or snuff with some, or a little confectionery with others, generally produces contentment; and by this means we often prevent the destruction of window glass and the patient's clothing.

It is a singular fact that even in the wards where there is most fear of mischief, and where many of the patients have destructive habits, it rarely happens that a patient meddles with the gas-light, or the tubes in which the gas is conveyed.

One of the females, when in a certain state of excitement, seems not to know us, and asks whether we really are the persons we represent ourselves to be. Another, sometimes, when in a state of excitement, denies her identity. And a third, before and after her re-admission, declared that there was no physic so good as the asylum physic.

Some patients become ashamed after a paroxysm, and cannot bear the slightest allusion to it. With others we often see self-esteem in fierce and long continued operation.

A female patient was seized with the notion that if she continued to take food she would live for ever. She refused accordingly to take any more, declaring that she was already "up to the throat," although it was quite the reverse with her at the time. A very helpless paralytic patient, when she could do nothing else, got a pair of scissors and cut out beautiful little figures with them.

The patients in general are fond of walking in the open air, particularly the males. Some of them will frequently go over a space equal to fifteen or twenty miles a-day.

Among the characteristics of peculiar cases, we should include the following brief memoranda taken from the daily record of facts and observations. One of the female patients was impressed with the notion of having a green silk umbrella in her stomach. Some think themselves sadly troubled with witches. A female patient imagines that she has neither head nor body, and that she cannot be alive.

Patients frequently say that they never sleep, although they actually do so regularly. A male patient, while describing his disease, at a certain time, said that the vessels of his head "throbbed like a plash-mill." One man on being spoken to for making use of improper language, said evil spirits got hold of his tongue and compelled him to curse and swear.

To uncover the head to him pleases one patient very much.

Some, if permitted, would stand in one posture till they fell down from sheer exhaustion.

Sometimes patients will say that they feel uncontrollable, or that they are off the balance, though there is apparently nothing wrong with them. We believe that by these expressions they correctly describe their condition.

One of the females, who says she wants to be a matron of an asylum, fancies she is learning the duties of that situation. Mrs Kilgour sometimes allows this woman to accompany her in her visits, which pleases her much.

One of the male patients said that he had a hole at the top of his head into which the cold water got when it was bathed.

A patient, who was discharged this year as cured, sent afterwards very handsome presents to the families of three of the attendants. This was done in the most quiet and delicate manner.

Some of the patients have innocent caprices. One, for instance, must have a glove put below his pillow every night before he goes to bed. One of the female patients had the singular delusion of fancying another of the patients to be her mother, and caressed her as such.

The homicidal patients have been in a higher state of excitement lately than is usual with them. One of them had a remarkably violent paroxysm. This person's bed-room or bed cannot be changed, and it is dangerous to interfere with him in any shape. He washes himself very frequently and drinks much cold water. Whenever there is any extra noise in his day-room, he will retire to his bed-room, and sit down quietly, as if to meditate there.

Some patients before and during a paroxysm, spit out a great quantity of saliva. And a few of the female patients' skins will not absorb either the cantharides liniment, or the tartar emetic ointment.

Among the male patients, one of the most remarkable circumstances that occurred this year, was an attempt at combination. The object of it was to get possession of the keys of the establishment, by seizing the attendants, and then to liberate all the inmates of the house.

Our sailor patients afford a striking exemplification of the force of habit. They walk backwards and forwards many miles a day, within a very limited space, just as if they were pacing a quarter-deck.

Some of our suicidal patients (who are observed to have glassy eyes) are generally capricious in their modes of self-destruction. They have made several attempts at suicide during the year, but fortunately none of them were successful. Indeed, so vigilant and careful are all the attendants, and so much real heart-service do they give to their employment, that we are enabled to state as a fact, not less creditable to them than gratifying to ourselves, that not a single accident of any consequence has occurred since last Report.

Patients who have been cured in the establishment still continue to pay visits to it every now and then. The first patient ever admitted to it still lives, and continues to be contented and happy under all his delusions.

In reference to diet, exercise and amusements, we have nothing

new to report. The good bodily health of the patients in general affords evidence of the quantity and excellent quality of their food. Some of the female paupers feel the want of tea very much. The workers among that class, for the most part, get tea ; but we think as a general rule, they should all get tea, with buttered flour bread, twice a day, if they have a wish for it, and the male paupers once a day.

Among the amusements of the patients, we have found the billiard table exceedingly useful. While it occupies their minds, and creates intense interest, it affords them at the same time the most healthful and agreeable exercise, without fatigue or the slightest exhaustion. It has the happy effect, too, of charming the fiend of melancholy within. All who can take this amusement delight in it, and the enjoyment never seems to flag for a moment. Hand-ball is also a favourite game, and very healthful, as affording fine exercise in the open air. Besides the ordinary amusements, some of the patients this year have been occasionally indulged with short trips into the country. One of them was taken in a coach to St Andrews. Others were indulged in a similar way, in a chaise, or by the railway, and in different directions. Some of them were also permitted to go to see the annual fair. They were indulged also on other holidays in this way, always receiving little extras on such days, particularly on New Year's day.

In the management of the insane, it is of infinite importance that both body and mind should be kept occupied either with employment or exercise. This is never lost sight of in the Dundee Asylum ; and to this we ascribe, in a great measure, the general good health of the patients, irrespective of the disease in the mind. We have already stated how many miles some of them can accomplish in a day as walkers. But were they employed at task work, they would in general fall far behind any ordinary artizan or labourer in point of quantity. Many of them are good workers in ordinary cases ; and what is better, many of them like employment, and they are willing to learn. At present we have three

males and one female who have been all taught in the house to weave. Some of the female patients are permitted to work in the garden, and this seems to be a source of great pleasure to them.

A few of the patients have been occasionally permitted to go to Church in town, as in former years; and we have always found, that on these occasions their conduct and demeanour have been perfectly correct and exemplary.

The attention paid to exercise and amusement has this excellent effect, independent of being conducive to health of the body, it tends to prepare the greater portion of patients for undisturbed rest, and to bring on what has been so beautifully called, "tired nature's sweet restorer, balmy sleep." In consequence of the happy effects produced in this way, the Superintendent is seldom called up during the night, and it is scarcely necessary to add that the whole establishment feels the benefit of it.

In the course of the year, the patients have also been indulged with little tea and dancing parties, according to use and wont. These are always a source of considerable interest to them, and perhaps of still greater enjoyment. Any thing that varies the monotony of confinement, or banishes the remembrance of restraint—for even the confinement within the walls generally is a species of restraint—has constantly the effect of both enlivening and pleasing them for a time.

As the Asylum has been crowded with patients this year, we have often felt the want of single bed-rooms. At one time we had 208, and this is the highest number under treatment in the establishment since it was founded. The Directors are respectfully requested to give their attention to this circumstance.

When the Superintendent last year again visited France,* he saw very large dormitories in the Parisian asylums, where attendants sat up regularly every night to watch and assist, there being a light and a stove in the centre of the dormitory, similar to what

* He had previously visited some of the Irish and Scotch asylums.

is found in the celebrated Hotel-Dieu and other hospitals there. But we are of opinion, that this sort of watching is objectionable, as it must necessarily often interrupt or disturb the sleep of the patients. In these French asylums, he was told that they have day as well as night attendants. In the Dundee Asylum, the largest dormitory contains twelve bed-steads. Our attendants sit up, when required, on particular occasions ; but this is seldom necessary, because their bed-rooms are quite close to those occupied by the patients, and every sound, however slight, is immediately heard. With regard to the question of dormitories and separate sleeping rooms in asylums, we agree with the more eminent authorities, that there should be separate sleeping rooms for at least two-thirds of all the pauper patients. At present we have single bed-rooms for only about one-fifth of the number. *

Should the Directors find themselves in a position to overtake any improvements, or make any additions to the Asylum during the ensuing year, we would respectfully suggest, that among these there should be included neat sheds over the mounds, and corridors placed in the airing courts where required, in order to protect the patients from the effects of the sun and the rain, in both hot and wet weather.

As a means of guarding against immediate mischief to themselves, by the suicidal patients, we have this year introduced the use of stocks, instead of neckcloths ; and for the more destructive patients, we have found it necessary to get canvas and tick dresses made.

Attendance at worship in the chapel continues to be regular ; and we can safely aver, that, with many of the patients, it is at all times with feelings not merely of decorum, but of heartfelt devotion. On

* Since the above was written, we have been favoured with a copy of the exact measurement of all the ground belonging to the Asylum ; and from this statement it appears, that there are within the walls, on the east side of the public road, 10.391 imperial acres, and 2.005 acres on the west side, including the ground on which the buildings stand. From a Report now before us, we observe that 13 acres to every 100 patients is the average in the possession of fourteen English and Scotch asylums.

the first of March, there were present one hundred and fifty persons, including the resident officers and servants of the establishment.

The new washing-house has been productive of considerable advantage to many of the patients. Eighteen female patients find employment in it; and the work not only occupies them healthfully, but it is at the same time an agreeable recreation to them. Several old patients have been occasionally employed in it as well as in the laundry, to the evident benefit of their health. One, in particular, whom we did not think could be got to make herself useful in any way, was encouraged to try to wash clothes, and she did so with decided benefit.

Amongst the novelties of the year, we may rank the famous General Tom Thumb's visit to the Asylum, while he was performing in Dundee. This remarkable little Yankie dwarf delighted many of the patients. Some of them thought him a doll, and were anxious to touch him that they might be satisfied whether he was so or not.

In conclusion, we would beg leave to state it as our opinion, in reference to the too often mistaken views entertained by the friends or relations of the insane, that their anxiety about the patients is frequently carried farther than is consistent either with their own comfort or the good of the patient. Experience has proved to us that, in some cases, frequent visits of friends do harm to the patient, by agitating his mind, and sometimes recalling painful recollections. We have often observed that these visits produce singular, or, as it were, benumbing feelings, over the patient's whole frame. On the other hand, when such visits are guided by the judgment of those who should know best whether they would be likely to be beneficial, and whose principal aim is to perform a cure, they are calculated to do good. For instance, we sent upwards of twenty miles into the country to fetch the four young children of a patient who was just beginning to change for the better. They remained many hours with her, she was de-

lighted to see them, and the sight of them obviously relieved her mind of all that anxiety about them which she naturally felt when they were absent. She had not seen them till she was eight months in the Asylum, and this was only when it was likely to benefit the patient. She has since gradually improved, and we hope will soon be discharged as recovered. When a patient is sent to an Asylum, the friends or relatives should allow some time to elapse before they ask to see him, and then advice should be taken and acted upon, as to the propriety of the interview. Another hint we would respectfully intimate to over-anxious relatives of patients, and that is, when they are permitted to visit, never to enter into controversy with the patient, because it is one of the characteristics of insanity that a lunatic cannot bear contradiction. Neither should they, on any account, introduce subjects that may in the slightest degree irritate the patient, nor promise him what is not intended to be performed, nor awaken unpleasant feelings by recalling to his mind any exciting or painful remembrance. Indeed, when relatives or others visit a patient, they should do little more than listen to whatever he may say, even though it may be offensive to them, and they should never seek to prolong the interview, especially when advised to the contrary. We have seen so much mischief done to patients by injudicious friends insisting to be thus gratified, at times when it was clearly calculated to be injurious, that we think it an imperative duty to state our opinion. Far better would it be for such relatives as do not repose entire confidence in the public officers and managers of an asylum, who must have made the subject of insanity their study for years, to withdraw the unfortunate patient, instead of exposing him to the risk of farther injury, by their own importunate and heedlessly jealous anxiety about his welfare.

Although the weather was exceedingly warm at the end of May, and also since then, we have not found that the patients were excited at all by it. The plentiful use, in the airing courts, of cold water, with which they frequently cool their heads, at the same

time drinking a great deal of it, was probably a principal cause of keeping down excitement among them, if not of preventing it. The only effect this hot weather as yet has had, is that of making some of them more listless and much less eager for their food. Many of the patients were greatly excited on the 3d April, when the temperature of the atmosphere was very much lower than it is at present. In fact, a greater number were in a more dangerous state of excitement at that date than on any other occasion since last Report.

In bringing our Report to a close, we feel bound to acknowledge with gratitude, the zeal and courtesy of the Directors, while discharging their duty to the Institution in the course of the year. We also think it our duty to express our warmest sense of the able, cheerful, and kindly co-operation of Mrs Kilgour, in every department where her superintendence and services could be useful, either to the patients or to the Institution itself. Our thanks are likewise due to Mr George Fleming, as clinical assistant, who attended the Asylum several months and discharged the duties entrusted to his care with diligence and zeal.

Latterly, some of the attendants have been trained to make out a "daily return," and thus more particularly and minutely to observe and note whatever of consequence may occur in their respective departments.

The conduct of all the servants of the Institution has been very satisfactory throughout the year, and it would be ungrateful in us if we did not acknowledge it here. The conduct of the attendants in particular has been worthy of the highest praise we could bestow upon it.

The preceding Statistical Tables and Medical Report, were drawn up by Dr Mackintosh. The Superintendent has also drawn up all the Statistical Tables since 1830, and all the published as well as unpublished Medical Reports since 1834.

(Signed) PATRICK NIMMO, M.D.

ALEXANDER MACKINTOSH, M.D.

QUERIES.

RELATIVES or GUARDIANS, with the assistance of the Medical Attendant, are requested to annex, according to the best of their knowledge, precise Answers to the following Queries, or to as many of them as may be applicable to the case of the Patient.

DATE OF APPLICATION.

QUERIES.	ANSWERS.
1. What is the name? Place of birth and settlement? Degree of education? and Form of religion of the patient?	
2. Is the patient tall and powerful? and Is there any thing remarkable in the patient's usual appearance, as in height, gait, marks, or deformity? What is the temperament?	
3. How long has the patient been in- sane? and Did the disorder come on gradually or suddenly?	
4. If the patient has been oftner than once insane? When did the malady first occur? How often did it occur before this last attack? In what forms, and of what dura- tion?	
5. How long before lunacy were any such precursory symptoms observed as the following,—viz. unusual de- pression or elevation of spirits, or any remarkable alteration in the temper, disposition, feelings, op- inions, conduct, sleep, appetite, state of bowels, or health of the patient?	
6. What have been, or are the promi- nent symptoms of the malady? Is the patient restless, sleepless, wandering, violent, destructive, or noisy by night or day? Has the patient a desire to eat im- proper things? Has any obvious change in its form occurred? And does it appear to be increasing, declining, or stationary?	
7. Are there lucid intervals, or any great remissions, or exacerbations; and do such changes occur at un- certain times, or at stated periods	

History.

Causes.

QUERIES.	ANSWERS.
<p>8. Does the patient rave indifferently on various subjects? or chiefly on one? and What is that subject? Mention particularly any permanent or remarkable hallucinations, illusions, or delusions?</p>	
<p>9. Has the patient ever threatened or attempted to commit any act of self-violence? and By what means?</p>	
<p>10. Does the patient manifest any disposition to injure other persons, and how? Or cherish any malicious design? Or is the morbid train of thought excited by any particular subject or event?</p>	
<p>11. Is the patient prone to tear clothes, or to break windows or furniture? Or to injure the person in any way?</p>	
<p>12. Since the commencement of the malady, what have been the patient's habits? State particularly whether the patient is attentive to the calls of nature?</p>	
<p>13. What is the age? And what was the profession or occupation of the patient?</p>	
<p>14. Is the patient married, or single, or widowed? How long since first married or becoming widowed?</p>	
<p>15. Does any constitutional or hereditary disposition exist in the family of the patient to nervous affections? And, was any relative of the patient ever insane?</p>	
<p>16. Before the commencement, either of the malady, or of any of its precur-sory symptoms, had the patient been remarkable for any degree of oddity, eccentricity, or mental infirmity? Mention natural disposition and general habits of living, predominant passions or prejudices, religious impressions, and any habitual vice or intemperance. Is the intellect good naturally?</p>	

QUERIES.

ANSWERS.

17. Is the patient subject to periodical attacks of any other malady ; to any unusual discharge, or to suppression or obstruction of any *customary* discharge ; to sores, eruptions, rupture, epilepsy, or palsy ?

Specify any bodily infirmity or disease of the patient ; also the present state of bodily health, as to desire for food, functions of stomach, bowels, kidneys, respiration, pulse, and state of skin, &c.

18. Did the present fit of lunacy occur, or has any former fit occurred during pregnancy ; or appear to have been connected with the puerperal state or lactation ?

If a female, state whether she has born children, their number, and the period of the birth of the last ?

19. Was the head of the patient ever severely injured ?

20. What is supposed to have been the exciting cause of the malady ?

Is it a moral cause—such as misfortune, disappointment, fright, love, &c. ?

Or a physical cause—such as fever, the immoderate use of opium or other medicine, or any intoxicating agent, bodily injury, serious illness, or accident affecting the nervous system, &c. ?

21. What has been done for the recovery of the patient ?

And with what effect ?

22. Has the patient ever been treated for lunacy in any public asylum or private retreat for the insane ?

If so, how often, and how long on each occasion, has the patient been in any such establishment ?

When, in what state, and if not cured, for what reason was the patient dismissed ?

23. What is the proposed rate of board ?

Signed,

EXTRACT

From Act of Parliament 55 Geo. III., cap. 69, anent Mad Houses in Scotland.

And, if any medical person shall sign or give any such certificate, or report, without having carefully visited and examined the person to whom it relates, and without having endeavoured to ascertain, in a proper manner, by such examination, and otherwise, that such person is a furious or fatuous person or lunatic, and proper to be confined in a house for the reception of such persons, every such medical person shall forfeit and pay for such offence or neglect, the sum of Fifty Pounds, and the expenses of recovering the same.

TERMS OF ADMISSION.

The following is the present rate of board—subject, however, to such alterations as the Directors shall judge proper, and which must necessarily vary according to the state of the funds and the expenses of the Establishment. The board in all cases must be paid quarterly, and in advance. Before the entry of a patient, the board is to be paid up for one quarter.

First Class,	.	.	.	.	.	£0	5	0	per week.
Second Ditto,	.	.	.	.	.	0	7	0	"
Third Ditto,	.	.	.	.	.	0	10	6	"
Fourth Ditto,	.	.	.	.	.	0	15	0	"
Fifth Ditto,	.	.	.	.	.	1	1	0	"
Sixth Ditto,	.	.	.	.	.	1	11	6	"
Seventh Ditto,	.	.	.	.	.	2	2	0	"
Eighth Ditto,	.	.	.	.	.	3	3	0	"

The first class—paupers belonging to the parishes that have contributed to the erection of the Asylum. The second class—all other paupers. Every patient who is certified, by four respectable householders, to be unable to pay 10s 6d of board per week, or whatever rate of board may be fixed by the Directors to be paid by Class 3d, and to have no relation able to pay this rate of board, shall be considered a pauper, and admitted in Class 2d; but if the patient shall belong to any of the twenty-five parishes* that have contributed £20 and upwards to the erection of the Asylum, such patient shall be admitted into Class 1st.

A fee, on admission, is paid to the Physician by the several classes of patients as under:—

Third Class,	.	.	.	.	.	£0	10	6
Fourth ditto,	.	.	.	.	.	1	1	0
Fifth and Sixth ditto,	.	.	.	.	.	2	2	0
Seventh ditto,	.	.	.	.	.	3	3	0
Eighth ditto,	.	.	.	.	.	4	4	0

On the dismissal or death of a patient, after six and within twelve months the fee is repeated; but if any patient shall remain longer than one year, the fee is to be repeated only at the end of every successive year of his residence in the Asylum.

No fees are paid for Paupers.

The patients shall have no claim to remuneration for work done in the House.

One shilling per quarter is charged for mending clothes.

* See List of Privileged Parishes, page 16.